

# *COLUMBUS*

## **FIVE-YEAR HOUSING ACTION PLAN**

### **PROJECT #2**

## ***EXTREMELY LOW INCOME PERSONS WITH A SERIOUS MENTAL ILLNESS***

*Prepared for:*

***NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NEBRASKA DEPARTMENT OF ECONOMIC DEVELOPMENT***

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**With Assistance From The Norfolk, Columbus  
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**COLUMBUS, NEBRASKA**  
**FIVE-YEAR HOUSING ACTION PLAN**  
***EXTREMELY LOW INCOME PERSONS WITH A  
SERIOUS MENTAL ILLNESS***

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**SECTION 1**  
***INTRODUCTION -***  
***PURPOSE & PROCESS***

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# SECTION 1

## ***INTRODUCTION - PURPOSE & PROCESS***

### **THE PURPOSE- FIVE-YEAR HOUSING ACTION PLAN**

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This **Five-Year Housing Action Plan** allows the Nebraska Department of Health and Human Services (NHHS) and Economic Development (NDED) to address planning issues related to the provision of ***safe and affordable housing for persons with a Serious Mental Illness (SMI) with extremely low incomes***, residing in the counties associated with the "**Primary**" community of **Columbus, Nebraska**, as identified in the Statewide Consumer Housing Need Study, completed for NHHS and NDED, in September, 2003. This SMI housing action planning process examines and identifies the most appropriate housing types, for a targeted 122 persons with SMI, for a five-year period 2003 to 2008, as presented in the Statewide Consumer Study. This SMI Housing Action Plan is intended to be approved, by consensus, by pertinent, interested groups and individuals involved in the Columbus SMI housing market area, including the Region IV Governing Board, local officials, consumers and services providers.

### **THE PROCESS- FIVE-YEAR HOUSING ACTION PLAN**

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NHHS retained the services of Hanna:Keelan Associates, P.C., Lincoln, Nebraska, to prepare the Columbus, Five-Year Housing Action Plan, for persons with SMI. Hanna:Keelan was assisted by the **Norfolk, Columbus and Wayne Community Team**, comprised of representatives of federal, state and local leadership and housing funders and families, groups and individuals representing persons with SMI. The Action Plan was completed during the period of October, 2003 to July, 2004.

***Hanna:Keelan was directed to study, analyze and determine the appropriate current and future affordable housing needs of persons with SMI, who are extremely low income, in the community of Columbus, Nebraska.***

*process,  
continued.....*

The Columbus SMI housing planning process included both a ***"qualitative" and "quantitative" research program***, in an effort to identify the types, number and location of **respite care/emergency shelter beds, group residential beds, residential units**, and housing programs, most appropriate, to enhance the quality of life for income qualified persons with SMI. Emphasis was placed on meeting the identified need for additional permanent housing with supportive services for persons who are extremely low income, with SMI issues.

*qualitative  
process.....*

The ***qualitative research program*** included valuable input from the Region IV Community Team. The Team met on three occasions, to discuss and access the housing and services needs of persons with SMI.

*quantitative  
process.....*

The ***quantitative research program*** included utilizing statistical data available in the Statewide Consumer Study. This data was obtained via the U.S. Census, CHAS Tables and the Nebraska Mental Health Estimation Project, prepared by the Western Interstate Commission for Higher Education, with the assistance of Charles Holzer and Associates, University of Texas Medical Branch. The projection of data was completed by Hanna:Keelan, utilizing standard formats for trends/projections analysis. Provider and consumer surveys, as well as provider and consumer focus group meetings, conducted for the Statewide Consumer Study, provided qualitative information which was utilized in finalizing the trend/projection analysis.

## **SMI Defined**

For purpose of this Action Plan, the following definitions for persons with SMI were utilized. (1) *Persons 18+years of age, (2) who currently have, or have at any time during the past year had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-IV or their ICD-9-CM equivalent (and subsequent revisions).*



***SMI defined,  
continued.....***

*This includes mental disorders such as schizophrenia (295), mood disorders, including bipolar and major depression (296), delusional disorder (297.1), shared psychotic disorder (297.3), brief psychotic disorder (298.8), and psychotic disorder NOS (298.9). Excluded are DSM-VI "V" codes, substance use disorders, and developmental disorders, unless they occur with another diagnosable serious mental illness. (3) That has resulted in functional impairment (i.e. basic daily living skills, instrumental living skills, functioning in social, family and vocational/educational contexts), which substantially interferes with or limits one or more major life activities. Note: Subsets of SMI include persons with a severe and persistent mental illness and persons disabled by severe and persistent mental illness.*

**Statement of  
Conditions**

**Columbus, Nebraska**, located at the intersection of the Highways 30 and 81, is the tenth largest community in the State, with an estimated 2004 population of 21,200. The City's population is projected to increase an estimated .35 percent, annually.

In 2000, Columbus had an estimated 8,784 housing units, with 5 percent, or 482 units vacant, of which 41 percent or 198 were rental units. In 2004, an estimated 30.8 percent of the households are renters.

## REVIEW OF STATEWIDE FINDINGS/ CONCLUSIONS

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The **Statewide Consumer Housing Need Study** documented a five-year forecast of affordable housing needs of extremely low income persons with SMI. The Study predicted an **estimated 71,763 persons with SMI**, 19+ years of age, will reside in Nebraska by 2008. This will equal an estimated 5.5 percent of the total 19+ years of age population in the State. An estimated 88 percent of the **71,763 persons with SMI will reside in a household** (non-institutionalized/non-hospitalized) or be homeless.

### *Extremely low income SMI.....*

The **Statewide Study** concentrated on adults with SMI, residing in a household or homeless, at 50 percent of the Area Median Income (AMI) or less, for ages 19 to 21 years, and 30 percent of AMI or less for 22+ years of age adults. **An estimated total of 17,030 SMI adults (3,788, 19 to 21 years and 13,242, 22+ years) will be within these income categories, by 2008.**

### *SMI with cost burden housing problems.....*

An estimated 75 percent of the SMI adults, within the designated AMI categories, will experience cost burden/housing problems. This total is 12,763 SMI adults; an estimated 2,698 at 19 to 21 years and 10,065 at 22+ years of age.

### *Target SMI Housing Need.....*

A target SMI housing need was identified in the Statewide Consumer Housing Need Study, which included 3,926 bed/units, by 2008 an estimated 31 percent of the total estimated income eligible SMI adults (12,763) having cost burden/housing problems. The Study also identified three specific housing types; crisis/respite care- emergency shelter, group residential and residential units.

***Target Housing  
Types.....***

The Statewide Consumer Housing Need Study identified the following ***target housing types for persons with SMI.***

- ⇒ **Crisis/Respite Care Emergency Shelter** is a broad category which includes housing designed to provide temporary shelter and services to individuals with a serious mental illness, including homeless individuals. This includes respite care beds, meant to provide temporary, specialized care in an crisis situation or in the absence of a primary care giver, with services provided on a planned or unscheduled basis due to crisis or other events which arise. This category also includes emergency shelter beds for homeless individuals with a serious mental illness.
  
- ⇒ **Group Residential Programs** are facility-based, non-hospital or nursing facility programs for persons disabled by severe and persistent mental illness, who are unable to reside in a less restrictive residential setting. These facilities are integrated into the community and provide skill building in community living skills, daily living skills, self medication management and other related psychiatric rehabilitation services as needed to meet individual consumer needs. A group residential facility involves living with a group of people with 24 hour staff.
  
- ⇒ **Residential Units** include independent living units, such as apartments or single room occupancy housing. Staff is not located on site, however community support provides consumer advocacy, ensures continuity of care, supports consumers in time of crisis, provides skill training, ensures the acquisition of necessary resources and assists the consumer in achieving community and social integration.

***Mental Health  
Services.....***

The Statewide Consumer Study identified ***mental health services***, in addition to housing needs for persons with SMI. The following definitions and estimated costs apply to these services.

**Mental Health Rehabilitation/Support/Recovery-**

The estimated annual cost for Mental Health Rehabilitation/Support/Recovery utilizes an estimated average baseline cost of \$11,000 per unit/bed-occupant, per year. This would include costs associated with mental health rehabilitation and support services designed to promote recovery, such as day rehabilitation, community support, residential rehabilitation, Assertive Community Treatment (ACT), vocational support and related services.

- Occupants of crisis/respite care/emergency shelter beds would require an estimate average annual cost of \$12,700, per occupant, for mental health rehabilitation/supply/recovery services. Emergency shelter beds at \$6,000 per unit and Crisis/Respite Care Beds at \$39,500 per bed.
- Occupants of group residential beds would require an estimated average annual cost of \$36,000.
- Occupants of residential units would require an average annual cost of \$3,000.

**Medical Treatment For SMI-** The estimated annual cost for Medical Treatment for the Seriously Mentally Ill includes costs associated with medication expenses. An estimated average of \$5,800 per unit/bed-occupant, per year, was established; an estimated \$3,500 for the 19 to 21 years of age group and an estimated \$5,850 for the 22+ years of age group. All or part of the expenses for medical treatment services expenses may already be covered for a portion of the targeted population, by Medicaid or Medicare.

**The definition and estimated costs for the identified target housing types and mental health services apply to all 34 "Primary" communities, in the State of Nebraska, including Columbus, Nebraska.**

## **REGION V SMI HOUSING NEED**

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The Statewide Consumer Housing Need Study identified a five-year SMI housing need of **122 units/beds**, to be situated in the following Region V "Primary" community Columbus, Nebraska. This community is slated to provide housing for the SMI population in all of the four counties served by Region V. The City of Columbus was identified as the "**Primary**" community to provide **122 units/beds**, to serve the SMI consumers residing in Boone, Colfax, Platte and Nance Counties.

## **SMI Housing & Economics- Columbus**

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By 2008, an estimated **41,090** residents, residing in Boone, Colfax, Platte and Nance counties represented by the community of Columbus, will be **19+ year of age**. An estimated **2,260** of this population will be diagnosed with a **serious mental illness**. An estimated 88 percent of this group, or **1,990**; will **reside in a household, or be homeless, or without permanent housing**.

Of the estimated 2,260, 19+ years of age, SMI residents, living in Boone, Colfax, Platte and Nance Counties represented by Columbus, an estimated 25.7 percent, or **511 residents**, will meet the **extremely low - to low income** criteria, established in the Statewide Consumer Housing Need Study. An estimated 78.6 percent of this group, or **402**, will be **cost burdened, and/or have housing problems**.

Of the **402 SMI Residents** identified as the group most needing affordable housing, a total of **122 units/beds** have been **targeted** to meet an estimated 30.3 percent of this need.

- A. **By 2008, Boone, Colfax, Platte and Nance Counties (Estimated) Population - 41,090, 19+ Years of Age**
- B. **Total SMI, 19+ Years of Age - 2,260 (5.5% (A))**
  - 19-21 Years of Age - 246
  - 22+ Years of Age - 2,014

*housing  
economics,  
continued.....*

- C. Total SMI, in Households, 19+ Years of Age - 1,990 (88.0% (B))**
  - 19-21 Years of Age - 219
  - 22+ Years of Age - 1,717
- D. Total SMI, in Households, AMI - 511 (25.7%(C))**
  - 19-21 Years of Age, 0% - 50% AMI - 112
  - 22+ Years of Age, 0% - 30% AMI - 399
- E. Total SMI, 19+ Years, in Households, AMI, Cost Burdened/Housing Problem (CB/HP) - 402 (78.6% (D))**
  - 19-21 Years of Age, 0% - 50% AMI-CB/HP - 84
  - 22+ Years of Age, 0% - 30% AMI-CB/HP - 318
- F. Total SMI Targeted Household Need - 122 (30.3% (E))**
  - 19-21 Years of Age, 0%- 50% AMI-CB/HP - 25
  - 22+ Years of Age, 0% - 30% AMI-CB/HP- 97

*Targeted Group/  
Housing Type.....*

A total of 25 units/beds have been identified for the 19-21 years of age SMI population group, for Columbus, by 2008. This would include three housing types; crisis/respite care- emergency shelter beds, group residential and residential units. The 22+ years of age SMI group will require 97 units/beds, by 2008, in Columbus, with residential units being the most needed type of housing, 73 units.

#### **TARGETED GROUP/HOUSING TYPE**

- **19-21 Year (0% - 50% AMI)**
  - Crisis/Respite Care/Emergency Shelter Beds - 2
  - Group Residential Beds - 12
  - Residential Units - 11
  - Subtotal 25
- **22+ Years (0% - 30% AMI)**
  - Crisis/Respite Care/Emergency Shelter Beds - 4
  - Group Residential Beds - 20
  - Residential Units - 73
  - Subtotal 97
- **TOTAL (UNITS/BEDS) - 122**

***Estimated Costs-  
Housing and  
Services.....***

The following identifies the estimated cost to both construct and operate the 122 SMI beds/units in Columbus, and the estimated costs associated with providing both mental health services and medical treatment to this group of consumers.

**Target Household Need - Capacity Building, Land Requirements, Development Costs, Operating Expenses - Columbus**

1. Housing Capacity Building Costs.....\$9,000
2. Est. Land Requirements..... 14.90 acres
3. Est. Development Costs.....\$9,542,000
4. Est. Annual Operating Expenses..... \$655,000

**Target Household Need - Mental Health Services and Medical Costs - Columbus**

5. Est. Annual Cost - Mental Health  
Rehabilitation/Support/Recovery...\$1,339,063
6. Est. Annual Cost - Medical Treatment  
For SMI.....\$654,950

**As per LB 1085, with the eventual closing of the Norfolk Regional Center, located less than 45 miles from Columbus, the Community of Columbus will experience the impact of persons with SMI seeking safe and affordable housing.**

**COLUMBUS  
AFFORDABLE  
HOUSING SUPPLY**

The Community of Columbus has an excellent supply of modern, affordable housing for persons and families of low- to moderate income, funded by U.S.D.A Rural Development, HUD and the Low Income Housing Tax Credit Program. These housing programs serve both low-income elderly and family. Two programs were built specifically for persons with SMI; Greater Nebraska Independent Housing, five units and Walls House (Group Residential), 10 beds. Project Lift, eight units, and the League of Human Dignity Rural Housing, five units, were built to serve persons with a physical disability. No crisis/respite care/ emergency shelter housing exists in Columbus for persons with SMI.

***Columbus Affordable  
Housing Supply,  
Continued.....***

A total of 14 other rental apartments in Columbus are available to provide housing to low- and moderate income persons/ families, including persons with disabilities. These programs are fully or partially funded by HUD or Rural Development. Rural Development has revised its rules to allow persons with a disability(ies) to occupy any unit. Persons with SMI also reside in apartments owned and operated by the Columbus Housing Authority.

Heritage House apartments are owned and operated by the Columbus Housing Authority. Additionally, the housing authority receives an annual allotment of 100 Section 8 vouchers to be used at other apartment facilities. Demand for these vouchers is extremely high, where the waiting list currently contains 85 to 100 people, with a typical waiting period of one year.

There are approximately 471 total affordable rental units in Columbus, which includes Low Income Housing Tax Credit units, with a current overall occupancy rate of 96.6 percent.



**local housing****costs.....**

Perhaps the primary indicator of housing costs, in a community, for persons/families at 50 percent of the area median income or less, are the current Fair Market Rents (FMRs) provided by HUD and administered by local Housing Authorities. The following table identifies the current FMRs for the respective Counties for the eight communities for which Five-Year Action Plans were completed, as Project #2 of SMI Housing Needs Assessment. Tenants utilizing rental assistance programs associated with FMRs would pay no more than 30 percent of their income for rent and utilities. The difference between what the tenant can pay, at 30 percent of their incomes, and the allowable FMR is covered by rental assistance.

<b>FAIR MARKET RENTS AT 30 PERCENT OF INCOME</b>					
<b><u>County</u></b>	<b><u>Efficiency</u></b>	<b><u>1-Bedroom</u></b>	<b><u>2-Bedroom</u></b>	<b><u>3-Bedroom</u></b>	<b><u>4-Bedroom</u></b>
<b>Hall:</b> (Grand Island)	\$304	\$400	\$533	\$701	\$786
<b>Adams:</b> (Hastings)	\$264	\$354	\$467	\$586	\$701
<b>Buffalo:</b> (Kearney)	\$273	\$395	\$495	\$617	\$747
<b>Madison:</b> (Norfolk)	\$259	\$341	\$451	\$584	\$712
<b>Platte:</b> (Columbus)	\$253	\$326	\$416	\$580	\$605
<b>Wayne:</b> (Wayne)	\$289	\$326	\$416	\$532	\$630
<b>Lancaster:</b> (Lincoln)	\$337	\$431	\$569	\$755	\$882
<b>Douglas:</b> (Omaha)	\$362	\$496	\$626	\$821	\$922
Source: <a href="http://www.huduser.org">www.huduser.org</a> , 2004					

**SECTION 2**  
***COLUMBUS COMMUNITY***  
***PARTICIPATION PROCESS***

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## **SECTION 2**

### ***COLUMBUS COMMUNITY PARTICIPATION PROCESS***

#### **INTRODUCTION**

The development of the Columbus Five-Year Housing Action Plan, for persons with SMI, included the participation of a Community Team, consumers and community support workers associated with persons with SMI. The Community Team was comprised of 15 professionals representing local government, local housing interests and Federal, State and local housing funders.

The Community Team met for three, four-hour sessions to discuss affordable housing needs, options and opportunities, in Columbus, for persons with SMI. The three meeting dates were October 7, 2003, November 4, 2003, and January 6, 2004. Hanna:Keelan also met with the Northeast Continuum of Care, to discuss SMI housing issues/options.

The following summarizes the Community Team's input regarding SMI housing and serving needs in Columbus, Nebraska.

#### **COMMUNITY TEAM INPUT - COLUMBUS**

##### ***meeting #1.....***

- Expand the Columbus Collaborative Team (includes members of the Rainbow Center, Hospital, Sheriff's Department, Police Department, Department of Health and Human Services (HHS), community realtors, Health Department, etc.)
- Expanding this Team will get more landlords involved and also help demystify the stigma people with SMI face;  
and
- Utilize vacant housing units, for SMI housing.

**meeting #2  
& #3.....**

- Rainbow Center - has an interest in expanding their housing business;
- Respite Care/Emergency Shelter Beds - no one can afford to have a bed available all the time everyday of the year;
  - ♦ Rescue Mission is usually full - there is an estimated 537 homeless people or households in Region IV;
  - ♦ Respite Care/Emergency Shelter Beds must be located in an existing facility where staff and services are readily available;
  - ♦ Region IV does have respite funds set aside;
  - ♦ Shepard's Home - 220 Norfolk Ave. Emergency Shelter/Respite care bed - just opened up on October 31<sup>st</sup>, operated through the Catholic Church, short-term maximum stay of three nights, close to Food Pantry and Soup Shelter, will accommodate a single person or a couple, but no children are allowed due to the location a six month pilot project - if all goes well, more funding will follow;
  - ♦ Consumers want their own individual rooms with their own bathrooms;
- Region IV does have respite funds set aside;
- Shepard's Home - 220 Norfolk Ave. - Emergency Shelter/Respite care bed - just opened up on October 31<sup>st</sup>, operated through the Catholic Church, short-term maximum stay of three nights, close to Food Pantry and Soup Shelter, will accommodate a single person or a couple, but no children are allowed due to the location, six month pilot project - if all goes well, more funding will follow;
- Consumers want their own individual rooms with their own bathrooms.
- DED is very supportive of home ownership activities;

*discussion about  
State/HHS  
policies.....*

- HUD Section 8 Vouchers - HUD doesn't want to see overcrowded conditions or substandard living conditions - they are unable to assist anyone in these conditions because of HUD's rules (can't give consumers first month rent or deposit money to move out into their own place, because they're currently living in substandard/overcrowded living conditions);
- NHHS and DED both provide excellent technical assistance.
- DED is very supportive of home ownership activities;
- HUD Section 8 Vouchers - HUD doesn't want to see overcrowded conditions or substandard living conditions - they are unable to assist anyone in these conditions because of HUD's rules (can't give them first month rent or deposit money to move out into their own place, because they're currently living in substandard/overcrowded living conditions);
- HHS and DED both provide excellent technical assistance;

**PRIORITIES**

- **Respite care for young adults - 19 to 21 years of age;**
- **Rental Assistance - primarily for group residential and residential units;**
- **Group Residential for all ages;**
- **Assisted Living Facility - 24 hour supervision;**
- **Home ownership for families with a member with SMI;**
- **Scattered Site duplexes/four plexes, independent living, with supportive services;**
- and**
- **Housing units for SMI Hispanic population.**

## **GENERAL THEMES**

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The following identifies some **General Themes** regarding the overall housing and supportive services needs of the SMI population, in Columbus, as per the Community Team participation process.

1. Future SMI housing in Columbus should focus on the development of group residential beds and residential units, as well as assisted living.
2. Funding for SMI treatment and medical services need to match all new housing programs.
3. SMI consumers need to have their own bedroom, be it in a group residential or residential (independent living) units.
4. A special effort should be made to, first, create affordable housing for persons with SMI that are currently inappropriately housed in housing either, or both too expensive or having condition problems.
5. Local housing non-profits, services providers and, as well as for-profits and local government need to cooperate to sponsor new SMI housing developments.
6. Insure that consumers with SMI receive additional employment options, with training. An effort should be made to double the current number of employed consumers in the next five years, local business, government and services providers should all participate in this effort.
7. Transportation should also be a priority, in Columbus, for persons with SMI. The availability of land, for new housing programs, not in the core area of Columbus, will dictate having a dependable means of transportation.
8. The Community of Columbus should consider the development of a housing program utilizing the **"Village Concept"**; combining residential living, employment training, transportation and community information.

***general themes,  
continued.....***

9. Rental Assistance will be needed to improve overall affordability standing of persons with SMI, in Wayne.
10. A mix of rental assistance and other available housing funds, ie. Low Income Housing Tax Credits (LIHTCs), to increase the numbers of consumers served.
11. Pursue the securment of the annual HUD 811 funds for SMI housing in Columbus,
12. Pursue HUD 202 applications for older adults with SMI providers in Columbus.
13. The HUD 811 and/or HUD 202 programs combined with LIHTCs should be attempted, to create SMI housing, in Columbus.
14. Utilize the Rural Development Section 515 and Community Facilities Program to fund SMI housing activities in Columbus.
15. Counties should be encouraged to provide “bridge” funding to persons with SMI awaiting SSI income for housing.
16. Encourage the Columbus Housing Authority, to become involved with SMI housing development activities.
17. Coordinate SMI housing needs in Columbus with local planning efforts; i.e. comprehensive planning, housing studies, human service planning, to insure the documentation of land areas for SMI housing, in close proximity to supportive services. Monitor local zoning codes/regulations to ensure SMI housing types are developed as a permissive use, by right.
18. Establish an ongoing process of identifying vacant lands in Columbus for potential SMI housing, including surplus land held by Federal, State and Local government entities.

**SECTION 3**  
***FIVE-YEAR SMI HOUSING***  
***ACTION PLAN***

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# SECTION 3

## ***FIVE-YEAR SMI HOUSING ACTION PLAN***

### **INTRODUCTION**

The following **Action Plan** details a five-year approach to meeting the housing needs of extremely low income persons with SMI, residing in the four Nebraska counties represented by the "**Primary**" community of Columbus. The total units proposed exceed the targeted 122 target units/beds, discussed previously in this document. A total of eight individual SMI housing programs, if all developed, would accommodate an estimated 145 consumers.

### **MATRIX-SMI HOUSING PROGRAM PRIORITIES**

The **Matrix** provided in this Action Plan list ***Housing Program Priorities***, as prepared by Hanna:Keelan Associates, with input of the Norfolk, Wayne and Columbus Community Team. Listed in the Matrix are individual housing programs, the purpose, and in some instances the location of the programs, potential coordination and funding sources for each program. Each housing program includes an estimated land requirement and budget for both development and mental health support and medical treatment.

**The eight proposed SMI Housing Program Priorities are profiled as followed:**

1. Respite housing facilities for 19+. Two existing family dwellings, scattered site locations, four and five bedroom homes. Eight total bedroom.
2. Walls House renovation to convert to 10 bed group residential facility.
3. Group Home Program - 30 units total. Four SMI consumers per home.
4. Assisted Living Facility, 24 hour supervision with an emphasis on 15 elderly persons with SMI.

*SMI  
housing program  
priorities,  
continued.....*

5. Consumer Owner House (single family dwellings) six separate sites.
6. Parent Owned Housing, three separate total houses with 12 bedrooms in all.
7. Assisted Living facilities, three facilities, with 15 beds each.
8. Scattered site four-plexes for independent living, with supportive services. Up to 24 total units.

**PROPOSED  
COORDINATION  
of SMI HOUSING  
PROGRAM**

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This Five-Year SMI Housing Action Plan identifies **several groups/organizations to coordinate** proposed housing programs, in Columbus, for persons with SMI. Rainbow Center and Independent Living, Inc. should take a lead role in facilitating the development of the SMI housing, based upon their eligibility, and thus, accessibility to all major housing funding sources available, as well as their excellent experience in housing development and management. These two groups could team with Region IV, or another SMI services provider in the community for supportive services.

**FUNDING  
of SMI  
HOUSING**

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Local non-profit groups, such as Rainbow Center and Independent Living, Inc., as well as the Columbus Housing Authority are eligible candidates for the HUD Section 202 and 811 programs; two ideal programs to fund special populations.

The community of Columbus should designate a local organization or team of professionals to monitor and insure the implementation of this SMI Housing Action Plan.

Several state and federal programs exist to fund housing for persons with SMI. The HUD Section 202 and 811 programs provide a "capital advance" to construct a housing program and an "operational subsidy" to assist in funding the operational costs of a housing program, for persons with SMI, to an eligible non-profit group.

*funding  
of SMI  
housing,  
continued.....*

**HOME and Nebraska Affordable Housing Trust Funds** provide "gap" financing, to assist in financing housing for special populations. These two programs are administrated by the Nebraska Department of Economic Development (NDED).

The **Nebraska Low-income Housing Tax Credits Program**, sponsored and administrated by the Nebraska Investment Finance Authority, accepts applications for housing programs to serve special populations. The **Midwest Housing Equity Group** has expressed interest in purchasing the tax credits awarded housing programs for persons with SMI.

The **Community Development Block Grant Program**, also administrated by NDED, is available for housing rehabilitation programs, which could benefit existing housing stock occupied by persons with SMI.

The **Federal Home Loan Bank FannieMae**, also have funding products capable of total or partial funding of SMI housing program.

Locally, the City of Columbus should consider the use of **Tax Increment Financing**, to assist in financing land purchases, development costs and public improvements associated with the development of affordable housing for person's with SMI.

## **COMMUNITY & FUNDING STRATEGIES**

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The present State Administration has recently spent considerable amounts of both time and resources addressing the needs of persons with SMI. The "Nebraska Behavioral Health Services Act" (LB1083) was passed by the Legislature (Yes-44, No-2, Not Voting-3) and signed into law by Governor Mike Johanns, on April 14, 2004. LB1083 is the Governor's major proposal to improve the availability and accessiblilty of high-quality community-based services for people impacted by behavioral health issues, including those who have or are at risk for mental illnesses and their families. The Behavioral Health Reform includes the closure of two of the three Nebraska State Psychiatric Hospitals (Hastings and

***Community  
& Funding  
Strategies,  
continued.....***

Norfolk Regional Centers) and creates more community-based programs for treating behavioral health disorders (mental health and substance abuse).

The recently completed Statewide Consumer Housing Need Study focused on the need for affordable and appropriate housing for extremely low-income persons with SMI. Project #2, of this SMI housing planning process, addressed, specifically, a Five-Year Action Plan for developing housing for persons with SMI in eight Nebraska communities. These Action Plans, to be successful, will require the implementation of both community, capacity and funding strategies, complementary to the cause of SMI housing. The following should be considered.

***funding.....***

- Insure the continued set-a-side of the Nebraska Affordable Housing Trust Fund to provide both rental assistance and “gap” financing for the development of SMI housing.
- Other State funding programs, such as HOME Funds, Community Development Block Grant Funds and Low-Income Housing Tax Credits should have an annual set-a-side, specifically, for financing housing for persons with SMI.
- Funding efforts by local Housing Authorities to include a set-a-side for or a priority to persons with SMI.

***community  
strategies.....***

- Consider residential and supportive services land availability when conducting community comprehensive planning and zoning.
- Consider available local Community Development Block Grant reuse funds to assist in financing the development of SMI housing.
- Utilize tax increment financing in the development of housing for persons with SMI.
- Utilize a “community team” approach, comprised of individuals from all sectors of the community in the planning and development of both supportive services and housing for persons with SMI.

***capacity  
building.....***

- Strive to build the capacity of local and regional groups to understand and participate in developing housing for persons with SMI. This would include, but not be limited to private developers, housing authorities, community Housing Development Organizations, Community Development Corporations and Economic Development Districts, as well as local SMI service providers, including church organizations.